

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **09/701,121** FILING DATE _____
APPLICANT(S) _____

CLAIMS

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					

1380 (2-78)

* * * USED FOR ADDITIONAL CLAIMS * * *

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DO NOT USE FOR ADDITIONAL CLAIMS - AMENDMENT

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